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How to Bring Health Home & Stabilize Ontario's Health Care System



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Executive Summary

Bring Health Home is a joint initiative of four of Ontario’s largest and leading home care organizations: VON Canada, SE Health, Bayshore HealthCare and Closing the Gap Healthcare. Combined, we have over 200 years of experience in delivering front-line home care services. Our front-line staff provide approximately 50% of all home care services in the province, serving more than 633,000 Ontarians each year. Across Canada, we make over 24.6 million home care visits each year.

Ontario’s health care system is under tremendous pressure, with hospitals and long-term care homes at capacity, staffing shortages pervasive through the system and a significant surgical backlog resulting from the COVID-19 pandemic. Many of these challenges are exacerbated by Ontarians being forced to receive a level of care that is not appropriate to their needs. Those without appropriate primary or community care are ending up in the emergency room, and patients with long-term challenges are in hospital rather than long-term care. However, the limited access to home care in Ontario is also playing a significant role in Ontarians ending up with the wrong care at a higher cost.

Our group believes that there is a tremendous opportunity to unlock the vast potential of the sector to ensure that Ontarians are offered the opportunity to age at home, with appropriate supports. This is not only what the public wants (96% of older adults in Ontario want to stay in their home as long as possible), but what our system needs to deal with the

rapidly escalating demand for care associated with an aging population.

Our four organizations have come together with the sole objective of ensuring the front-line perspective and experience of service providers is considered in discussions about how we can build a better home care system for the people of Ontario. The status quo simply isn’t working in our health care system. Fundamental change is needed to improve public access, health outcomes and value for money. Perhaps no sector is as ripe for transformation in Ontario as home care, which alleviates burden on hospitals and other institutional care and is a key ingredient in a successful health care system. For decades the sector has been stuck in an outdated funding and regulatory model that prioritizes visit levels over patient outcomes; rigid adherence to process over innovation; and cost control over public value.

While the current situation in our health care system is clearly challenging, we are optimistic that

there is a clear case for and imperative for change. Over the past year, the Ontario government has communicated a clear commitment to home care modernization. Legislation has been introduced to enable significant structural reforms and Budget 2022 allocated an additional \$1 billion over 3 years (on top of \$500 million previously announced) to support the transition to a more efficient and effective system. This is a very positive foundation for transforming our sector.

The transition to a new model of home care delivery will take several years to complete, however there is a compelling need to immediately scale up home care capacity to address system problems such as overcrowded emergency departments, surgical backlogs and high alternate level of care (ALC) rates. While it takes years to build new LTC homes or open new hospital units, home care service levels can be scaled up almost immediately and cost effectively. In addition, rising interest rates are making investments in capital builds even more challenging than before.

We present a series of recommendations that are designed to stabilize and build capacity in the existing home care system, while simultaneously and progressively shifting to a better overall model for the future. We recognize this is a delicate balancing act - akin to

building a plane while flying it - and we stand ready and willing to partner with the government as we work through the transition to a more efficient and effective home care system.

These two groups of recommendations are designed to provide a roadmap to support successful home care modernization. The first group considers **what** we need to do differently to stabilize the current home care system and develop and scale both new and proven models that will rapidly, effectively, and efficiently address major health system performance issues such as ALC, LTC and surgical wait times. These recommendations include clear investment guidance regarding how the government's critical \$1.5 billion investment can best be directed to effect change. The second group of recommendations considers **how** we work differently throughout the multi-year process of home care modernization to ensure effective collaboration and consistent execution as we transition to a new model of care. All recommendations are outlined in greater detail later in the document.

We sincerely hope that these recommendations serve as the starting point for productive collaboration as we work, jointly, to improve care for Ontarians.

Recommendations

Stabilizing the Existing System: Relieving Pressure on Ontario's Hospitals and Long-Term Care Homes

The recommendations below focus on not only improving health system performance, but also include rapid improvements to stabilize hospitals, manage long term care waitlists and most crucially stabilize health human resources.

- Expand integrated funding and new service models that enable Ontarians with more complex health needs to stay safely in their homes longer;
- Give clients and families more choice and flexibility through client-directed care-models;
- Reduce surgical backlogs through surgical-bundled care programs
- Stabilize the home care workforce;
- Scale successful “hospital to home” models to enable ALC patients to safely transition home.

Setting Ontario Up for Success: Transitioning to a Modern and Innovative Home Care System

Governance and stakeholder consultation is key to the success of any implementation. The recommendations below focus on key areas our four organizations see as priorities for setting Ontario up for long term success, and most importantly for patients to see the maximum benefits of Ontario's considerable investments being put to good use.

- Solidify internal government leadership and accountability structures;
- Partner with those with direct experience in delivering and receiving services in discussions around how to implement change;
- Include the perspective of home care in broader health system transformation discussions;
- Do not wait on full OHT “maturity” to devolve services; and,
- Ensure that home care modernization results in measurable reductions in red tape and bureaucracy.

“Status quo is just not working.”

– Premier Ford, 2022

The Need for Change

Our Overburdened Health Care System

Ontario's commitment to high-quality, universal health care is a cornerstone of our province's success. But today, our health system is reeling as we emerge from the most significant pandemic in over a century. The combination of escalating demand for care and major health human resources shortages has created growing access to care challenges. The impacts are perhaps most visible in the acute sector where patients are experiencing long wait times to access the ED, specialist care, diagnostics and surgery. Stories about patients languishing in EDs or waiting for surgery or transition out of hospital are, understandably, dominating public discourse. Although these problems appear in hospitals, they are created in the community – where people are failing to get access to the care and support they need.

“We need to shift from an emphasis on acute hospital care to community-based care based on inter-professional teams of healthcare providers working with other community social services in collaboration with specialists and hospitals ...”

– Unleashing Innovation, Report from the Advisory Panel on Healthcare Innovation, 2015

20.7 HOURS WAITING

Patients visiting emergency departments waited an average of 2.1 hours to see a doctor this July, and, on average, spent 20.7 hours waiting before being admitted¹. This is up from 14 hours in 2012.

212,000 ON A SURGERY WAITLIST

As of August 2022, 212,000 people are waiting for a schedule surgery, up from 198,000 in January 2019.

5,000 ALC PATIENTS

According to Ontario Health data from May, there are about 5,000 Alternate Level of Care (ALC) patients in hospitals, a 33-per-cent increase from the year before.

Although challenges in the hospital sector gain the bulk of media attention, there is also a severe capacity challenge across the broader health care system. Those without access to primary care is increasing as it's expected more than 3 million Ontarians could be without a family doctor by 2025. Home care wait lists have also risen dramatically and service acceptance rates for new home care clients have fallen to their lowest levels ever. These access challenges in the home and community sectors compound capacity challenges in the acute sector.

Ontario's health care system is going through a tumultuous time, with experts, front line workers, administrators, the media, and the public all referring to the situation with the same, blunt tone: **this is a crisis**. If not addressed, public confidence in our public health care system could be fundamentally shaken, with profound repercussions for our society.

The Case for Home Care Modernization

Although better home care is an answer to Ontario's health system performance issues, **the current home care system in Ontario is not well equipped to rise to the challenge**. The sector has been underutilized and is stuck in an outdated funding and regulatory model that has inhibited innovation, consumer choice and service excellence, while overemphasizing administrative control. Even before the pandemic, the home care system struggled to ensure that Ontarians received timely access to responsive home care.

“Look at our system pre-pandemic — one in six patients in our primary hospitals didn't need to be there. They're called 'alternate level of care,' or ALC, patients and they're ready to be discharged into a more appropriate health-care setting, but there's no capacity there to take them.”

– Anthony Dale, President and CEO of the Ontario Hospital Associationⁱⁱ

The main challenges in the existing system include:

Poor and inequitable public access to care

- Wait lists are growing across Ontario – there are now over 15,000 people waiting for home care in the province.ⁱⁱⁱ
- Provider acceptance for new home care referrals have fallen to historic low levels – it is now below 50%.^{iv}
- Ontarians get different access to care depending on where they live in the province: this is impacted by both funding levels and availability of staff.

Limited autonomy to impact care delivery for clients, families and front-line providers

- Service eligibility is rigidly determined with little ability for clients, caregivers and front-line providers to influence how public spending is directed.

Outdated fee schedules

- Service providers are paid for activities (visits), not client outcomes or satisfaction. There is little ability – or incentive – to innovate how care is provided to improve results.
- Providing better care in fewer visits is actively discouraged by a funding model that compensates service providers by the visit.
- Many innovative – and proven - care models are not used in Ontario because they are not reimbursed.

Chronic underfunding

- Part of the issue relates to the chronic underfunding of home and community care services in the province. From 2016-2021, Canadian provinces increased home and community care spending by an average of 30%. In contrast, Ontario only increased its spending by only 19%.^v

Cumbersome bureaucracy

- The system is overly bureaucratic with multiple different layers of assessment, care planning, coordination and service delivery. This leads to service delays, disjointed care and significant inefficiencies.
- The 2015 Auditor General review of home care services found that 40% of overall funding was used for administration, not front-line care.^{vi}
- Responsibility for care coordination is separate from service provision – meaning that clients and their families suffer disjointed care, repetitive intake and assessment processes, and unnecessary delays in accessing care.

Underappreciation of the home care work force

- Long-standing but escalating Health Human Resources challenges have been fueled by a funding model which treats the home care workforce like casual labourers and less important than staff in hospitals and LTC.
- Wages and benefits in the publicly-funded home care system are significantly lower than in the acute and LTC sectors, for example a Registered Nurse makes \$47.75 in a hospital, \$44.14 in a Long-Term Care home **but only \$36.98 in home care.**^{vii}
- The home care sector has traditionally experienced up to a 40% turnover rate due to staff leaving for work elsewhere in the system.
- Staffing challenges were compounded during COVID by government funding incentives in the acute and LTC sectors, which further widened pay disparities.
- The current pay-per-visit for funding model in home care makes it extremely challenging to offer front-line staff full-time pay and benefits or even income certainty. In times when service volumes decline, employee income drops, and they are forced to seek alternative work.

Health Human Resource Capacity Planning in a Fee for Service Funding Model

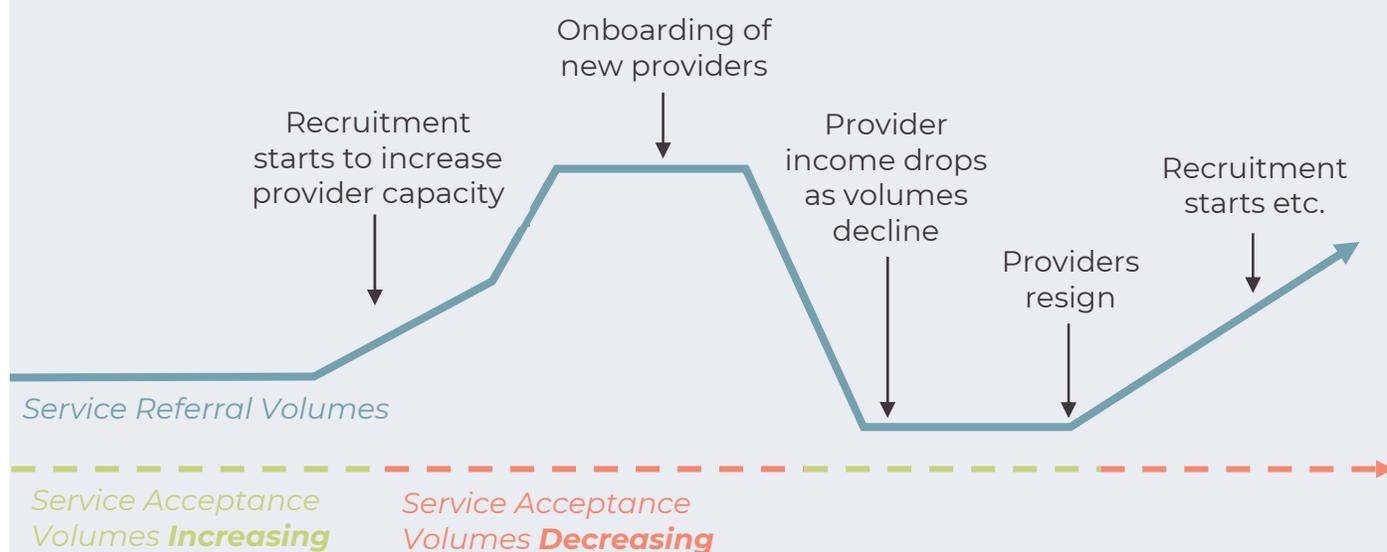


Figure 1: This graphic that outlines the challenges home care providers faces with the fee-for-service model as it relates to building HHR capacity

These challenges in the home care system are not surprising. They are the direct result of a funding and regulatory model that has consistently prioritized bureaucratic control and oversight and cost rationing over care innovation, excellence, and value. Without fundamentally overhauling how our system is structured, funded and incentivized home care will continue to underperform its promise.

“We have the system we incent. Change the incentives to change the system.”

– Kevin Smith, CEO of University Health Network^{viii}

What Needs to Change?

Strong home care is a crucial underpinning for a well-functioning health care system. With access and quality challenges mounting across the system, the imperative to enhance home care service provision is clear. Unfortunately, the track record of home care modernization efforts in this province is not good. Besides periodic structural reforms, some of which this government has advanced, and rebranding of home care administrative bodies, the way care is funded, delivered and coordinated has remained virtually unchanged over the past two decades. The result is a home care system that is vastly underperforming its potential.

There is no alternative but to get it right this time.

Building a responsive, modern home and community care system that helps prevent hospitalization and helps those who do need acute care transition home quickly and safely is a key part of addressing our health system’s mounting access challenges.

Home Care's Role in System Success

The government has made great strides in attempting to address hospital capacity issues with dozens of capital projects and investments into that sector. Although it superficially appears to make sense that the best way to address hospital capacity challenges is to focus on growing hospital capacity, decades of comparative health sector research points to a more nuanced answer – the best performing health care systems are those rooted in strong, integrated primary and community care systems that provide the care and supports people need to stay at home, avoid ED visits and hospitalization and premature long-term care. These systems transition patients home quickly after acute care episodes, freeing up scarce hospital beds for patients who need them.

Health care is a complex, interdependent system. This means that decisions made in one area of the system impact what happens elsewhere. Record-high wait times in emergency departments in Ontario are symptoms of problems elsewhere in the health-care system, well beyond the emergency room doors. For decades, health policy experts have been calling on provinces to shift focus away from the historical narrow focus of Medicare on hospital and medical care to build up a strong and vibrant integrated community and home care sector modelled on jurisdictions such as Denmark, where seniors and others who need care can access a broad array of high-quality, effective and timely home and community services. **To put it simply, fixing hospitals, starts in the community.** This perspective is shared not only by health experts in the home and community care sector, but by experts in the hospital sector as well.

“I run a hospital association, but our view is that the future and the solution is very much in keeping people out of hospitals. If we can build up community (care) by funding it at a higher rate than the rest of the system ... we should be able to keep people out of hospitals, and if they do end up in hospital, keep them from being re-admitted at the high rate that’s currently happening.”

- Tom Closson then CEO of the OHA, 2011

Ontario’s doctors recognize that fixing our overall system requires an integrated approach that includes a focus on home care modernization. The Ontario Medical Association included a recommendation regarding home care improvement as a key focus of its public 2022 5-point plan to improve health care and over 85% of physicians polled by the association reported that increased access to home care would improve outcomes for their patients or enable them to remain in their homes longer.^{ix}

“A stronger, more connected and more responsive home-care system would also relieve family members and caregivers, who are too often underequipped and overwhelmed.”
– Ontario Medical Association

The public is also nearly unanimous in calling for a greater focus on home care. Recent polling has shown that 96% of Ontario’s older adults want to stay in their homes for as long as possible, 78% of Ontarians would prefer home care to long-term care homes, and only 6% of Ontarians believe they will have access to quality long-term care when they need it.^{xi}



96% of Ontario’s older adults want to **stay in their homes** for as long as possible



78% of Ontarians would **prefer home care** to long-term care homes



6% of Ontarians believe they will have access to **quality long-term care** when they need it

The case for focusing on building up home care to improve overall system performance is compelling:

1. Home care is proven to work in reducing pressure on hospitals and LTC.

- Across eight provincial @home programs, 63% to 80% of patients were successfully discharged home without supports or with regular HCCSS supports.
- Other programs, such as SMILE, help reduce length of stay in hospitals.

SMILE (Seniors Managing Independent Living Easily) connects seniors at risk of losing their independence with local services that work best for them so they can remain in their own homes. Clients and their caregivers can choose who provides services and when. VON coordinates services, which are then delivered by local agencies, businesses and individuals.

Southlake@home is an innovative, population-based program that interconnects the hospital, home and community care, and primary care by providing patients with an intensive transitional plan of care from the hospital to their home. This program uses a philosophy of activation and enablement to support people to reach their optimal level of function and ensures health system sustainability.

2. Home care is the cost-effective solution.

- It is 85% cheaper to provide care for a person in their home rather than in hospital.
- Ontario is currently spending an estimated \$3.8 million a day on ALC beds in hospitals, or an estimated \$2.2 billion per year. Roughly 30-50 % of patients currently designated ALC could be cared for at home with appropriate home care.^{xii} Serving these people at home instead of in hospitals would free up huge capacity in our hospitals.
- Home care costs approximately half as much as LTC per day. Research shows there is up to a 24.5% overlap in the complexity and needs of clients being served by home care and residential LTC.^{xiii}

Cost of Living Safely at Home

For a patient with the same care needs, it costs approximately \$730 per day to provide care for a patient in hospitals, \$201 in long-term care and \$103 for home and community care.^{xiv}



Figure 2: Breakdown of cost to the government for care provided in each setting. While indicating that home care is significantly more affordable than institutional care, the current funding and service levels are insufficient to address the needs and vision we are speaking to.^{xii}

3. Home care can be scaled up quickly to relieve pressure from the system NOW

- Home care requires little investment in infrastructure and can be scaled up quickly compared to building new hospital beds or new LTC facilities.
- Home care providers are able to recruit and deploy new front-line staff faster than in other sectors such as hospitals or LTC. In an environment with scarce health human resources, home care serves as an appealing entry point back into the system for many nurses, PSWs and other professionals who have exited the workforce due to COVID fatigue.



Figure 3: Increasing home care capacity sustainably may take a matter of months, versus 5 years to build a new LTC home, or 10 years to build a new hospital ward

Our Shared Vision – The Home Care System of Tomorrow

Our public health care system belongs to the people of Ontario. Ontarians fund it and depend on it for their health and the health of their families, and thus expect it to be there for them when they need it. With an aging population that will have a growing demand for health care, we believe there is alignment on a shared vision between the Ontario government, the public at large, and those who deliver home care services. This vision has permeated the numerous expert panel reports commissioned by various governments for more than a decade:

1. There needs to be **timely** and **responsive** home care with more **flexibility** for clients, families and care providers to meet client needs across the continuum of care.
2. Clients across the province need to be able to access a **consistent** level and quality of home care no matter where they live.
3. We must offer a **broader array** of home care services to ensure that Ontarians who want to age at home can do so, while allowing families to be closer to their loved ones.
4. We need to provide more **stability and better employment conditions** for the people who work in the sector since a more satisfied workforce is more likely to offer better care, and less likely to leave for other employment which has contributed to a bottleneck across the healthcare system.
5. There needs to be better **integration** between home care and primary care as this will keep people safer and medically stable at homes, reducing unnecessary hospitalization, and improving post-acute transition from hospitals.
6. The system should **support and reward innovation** – successful emerging care models should be identified and scaled across the province.
7. We need a longer-term **shift** to prevention, health promotion and population health management where even initial progress in that direction will begin to result in reduced demand on medical institutions that have been overburdened for years, such as hospital ERs and LTC homes.
8. We need to demonstrate clear **value for money** with investments in home care contributing to longer-term health system sustainability.

How We Get There – Recommendations

While there is a vision that is shared broadly on where we want to go, implementing change in a system as complex as home care is challenging and will take several years of sustained effort. That said, there is a compelling need to scale up home care capacity NOW to address system problems such as overcrowded emergency departments, surgical backlogs and high ALC rates. A successful modernization strategy thus must stabilize and build capacity in the existing home care system, while simultaneously and progressively shifting to a better overall model for the future. We recognize this is a delicate balancing act - akin to building a plane while flying it - and we stand ready and willing to partner with the government as we work through the transition to a more efficient and effective home care system.

The two groups of recommendations outlined below are designed to support successful home care modernization. These recommendations are broken into two groups with clear investment guidance on the how the new \$1.5 billion can be best directed to effect change (a full breakdown can be found below).

The first set of recommendations considers **what** we need to do differently to stabilize the current home care system. This includes stabilizing health human resources and developing and scaling both new and proven models that will rapidly, effectively, and efficiently address major health system performance issues such as ALC, LTC waits and surgical wait times.

The second set of recommendations considers **how** we work differently throughout the multi-year process of home care modernization to ensure effective collaboration and consistent execution as we transition to a new model of care. These recommendations focus on key areas our we see as priorities for setting Ontario up for long term success, and most importantly for patients to see the maximum benefits of Ontario's considerable investments being put to optimal use.

1. Stabilizing the Existing System: Relieving Pressure on Ontario's Hospitals and Long-Term Care Homes

- Expand integrated funding and new service models that enable Ontarians with more complex health needs to stay safely in their homes longer.
- There are numerous examples of programs in both Ontario and in other jurisdictions (see Denmark, etc.) that provide intensive home care that allows people on the tipping point of requiring hospital or LTC admission to remain safely in their homes.
- We recommend that the government direct \$500 million of the \$1.5 billion toward new and innovative models that support the long-term life care needs of older adults in the community including those on the waitlist for LTC.
- Pilot, evaluate and scale these programs in partnership with primary care, home care, community support service and OHTs.

Give clients and families more choice and flexibility through client-directed care-models

- Client-directed care models are the dominant form of home care service delivery in many jurisdictions. They give the client and their families greater control over service mix, care provider and service schedules.
- Client-directed care models are almost universally associated with lower cost, better outcomes and higher client satisfaction^{xv}.
- Although client-directed models are used elsewhere in the Ontario government (such as for adults with disabilities) they have been used only sparingly in home care. There is an opportunity to significantly increase the availability and funding limits of such models in Ontario.
- Target \$150M toward expanding client-directed funding programs to support independence and healthy aging.

Reduce surgical backlogs through surgical-bundled care programs

- Surgical volumes are impacted by the Length of Stay (LOS) of patients in hospital post-surgery. The faster patients can safely be transitioned home, the more surgeries a hospital can do.
- There are significant reductions in hospital LOS, readmissions and ED visits when surgical departments work closely with home care providers to proactively plan post-surgical discharge and ensure appropriate supports at

home for discharged patients. Outcomes from one Elective Total Hip and Knee Replacement Bundled Care Program revealed that 94% of clients achieved their care goals at discharge.

- Bundled care funding programs that provide targeted funding to hospitals for both inpatient care and home care are proven to work and can be scaled.
- Target \$100M toward surgical bundled care programs to support surgical recovery and the continuum of care.

Stabilize the home care workforce

- Without front-line staff, home care cannot function. Growing capacity in the sector will require investments to reduce wage disparities between home care and other parts of the system. It will also require a major shift in how funding is provided – away from the unstable pay per visit approach to a more blended funding model that allows greater income stability and reliability and more full-time work.
- Several of the investment recommendations that we have outlined would allow service providers to test new compensation models with more predictable pay and more full-time opportunities for front-line staff.
- The bulk of home care service provision in the short-medium term, however, will remain tied to the current fee for service funding model. To address wage gaps, we recommend that the MOH Target \$340M toward contract rate increases to level up frontline wages and support critical infrastructure costs within home care service provider organizations.

Scale successful “hospital to home” programs to enable ALC patients to safely transition home

- Transitioning patients out of the hospital requires close planning and partnership between hospitals and service provider organizations.
- Research shows that up to 50% of patients waiting in hospital for LTC could be cared for at home with appropriate supports, either as an alternative to LTC or as an interim measure.^{xvi}
- Funding models that remove the “middle man” and provide funding for hospitals to directly contract with service providers to ensure timely and safe transition home post-hospitalization have been proven to reduce length of stay and ALC rates.
- There are numerous successful models in Ontario such as Southlake @ Home and the integrated care initiative at St Joseph’s Health.^{xvii}
- Target \$350M toward transitional bundled care programs, enabling ALC patients in hospital to be safely discharged home.

Below is a breakdown of how we recommend the planned \$1.5 billion (\$548 million in the 2021 Fall Economic Statement and a further \$1 billion in the 2022 Budget) in home care investments be directed over the next 3 years.

Funds to be directed	Initiatives for funds to be directed towards
\$500 million	Toward new models that support the long-term life care needs of older adults in the community including those on the waitlist for LTC. Pilot, evaluate and scale these programs in partnership with primary care, home care, community support service and OHTs.
\$350 million	Toward transitional bundled care programs, enabling ALC patients in hospital to be safely discharged home.
\$150 million	Toward expanding client-directed funding programs to support independence and healthy aging.
\$100 million	Toward surgical bundled care programs to support surgical recovery and the continuum of care
\$340 million	Toward contract rate increases to level up frontline wages and support critical infrastructure costs within home care service provider organizations.

2. Setting Ontario Up for Success: Transitioning to a Modern and Innovative Home Care System

Solidify internal government leadership and accountability structures

- The creation of Ontario Health offers a much-needed opportunity to simplify and clarify the administrative decision-making processes and structures in the health system. Unfortunately, the respective roles and responsibilities of the Ministry of Health and Ontario Health in overseeing a change agenda are unclear and often confusing to the field. Successful change will require greater clarity around organizational leadership.

Partner with those with direct experience in delivering (service providers) and receiving (clients / caregivers) services in discussions around how to implement change

- The existing policy making approach in Ontario does not encourage generative and results-focused problem solving between the Ministry of Health / OH and those who have practical front-line experience. This outdated approach to change slows or stalls change. Instead, providers are usually informed of decisions that have been made and can only then raise practical implementation risks and challenges.

Include the perspective of home care in broader system transformation discussions

- Addressing issues like hospital over-crowding can not be successful without improved home care. Ensure that home care experts are part of these broader system conversations.
- Because the health system is interdependent, policies in one area impact other areas. This is particularly evident in the area of health human resources where government policy to attract staff in one sector can have detrimental impacts in other sectors. Cross-cutting issues like health human resources must be addressed through integrated systemic approaches which consider the full impacts of new incentives or policies.

Do not wait on full OHT “maturity” to devolve services

- The government has communicated a plan to devolve home care planning, procurement, oversight and coordination services from HCCSS to Ontario Health Teams once OHTs are “mature”,
- Ontario Health Teams are at varied levels of capacity and maturity. Many have no or few dedicated staff. Simply put, the OHTs are likely years away from being able to assume significant responsibilities for home care procurement, oversight, or care coordination and will need service providers to take a more active role.
 - OHT governance structures have not been solidified, and are in a state of flux, contributing to ongoing confusion on the future state of home care delivery.
 - Waiting for OHT maturity could delay meaningful home care reform for years or impede success.
 - More practical approaches include working with strong lead organizations (primary care and acute) in each region as the locus of devolution efforts
 - OHTs must place a clearer emphasis on working directly with home care service providers rather than Home and Community Support Services Organizations due to their temporary nature. The home care service providers are the eyes and ears in the home as they provide support to clients.

Ensure that home care modernization results in measurable reductions in red tape and bureaucracy

- Perhaps the chief design attribute of Ontario’s home care system is the reliance on multiple layers of administrative oversight. This results in duplicative client assessment and care coordination efforts, service delays and excess cost that provides limited public value.
- Through modernization, there is an opportunity to significantly increase the role of service providers for client intake assessment, care planning, coordination and delivery, as enabled by the new home care regulations. To support holistic care and support the quadruple aim, assessment and care planning needs to rest with front line providers and care team.

- Accountability for service providers can be enhanced through clear policies, performance metrics reporting, and auditing as opposed to existing bureaucratic administrative layers.

Conclusion/Next Steps

The Ontario government has taken the foundational steps to modernize our home care system.

This presents an exciting opportunity to fundamentally improve services that over 1 million Ontarians rely on each year AND address broader system performance issues such as ED overcrowding, LTC wait lists and ALC. Implementing reform successfully will require close collaboration and partnership between policy makers, funders and those who are tasked with delivering services on the front-lines and caring for communities. We stand ready and willing to partner with the government to ensure that this vital work addresses the current and future needs of all Ontarians.



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